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Glossary of Healthcare Terminology

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HEALTH AFFAIRS

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FOREWORD

This Manual is issued under the authority of DoD Directive 6015.1, "Classification, Nomenclature and Definitions Pertaining to Fixed and Nonfixed Medical Treatment Facilities," October 1988. Its purpose is to prescribe a uniform glossary of healthcare terminology for use throughout the Department of Defense.

The provisions of this Manual apply to the Office of the Secretary of Defense (OSD), the Military Departments, the Organization of the Joint Chiefs of Staff, the Unified and Specified Commands, the Defense Agencies, and activities administratively supported by OSD (hereafter called "DoD Components").

This Manual is effective immediately and is mandatory for use by all DoD Components. Heads of DoD Components may issue supplementary instructions only when necessary to provide for unique requirements within their respective Components.

Send recommended changes to the Manual through channels to:

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DoD Components may obtain copies of this Manual through their own publication channels. Other Federal agencies and the public may obtain copies from the U.S. Department of Commerce, National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161.

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GLOSSARY OF HEALTHCARE TERMINOLOGY
TABLE OF CONTENTS

	<u>Page</u>
Part I, Abbreviations	1
Part II, Definitions	5
Glossary - A	6
Glossary - B	11
Glossary - C	14
Glossary - D	18
Glossary - E	22
Glossary - F	24
Glossary - G	26
Glossary - H	27
Glossary - I	29
Glossary - J	31
Glossary - K	32
Glossary - L	33
Glossary - M	35
Glossary - N	40
Glossary - O	43
Glossary - P	45
Glossary - Q	48
Glossary - R	49
Glossary - S	51
Glossary - T	53
Glossary - U	54

PART I
ABBREVIATIONS

ABBREVIATIONS

AABB	American Association of Blood Banks
ACLS	Advanced Cardiac Life Support
ACNM	American College of Nurse Midwifery
AD	Active Duty
ADAL	Authorized Dental Allowance Lists
ADPL	Average Daily Patient Load
ADT	Active Duty for Training
AJBPO	Area Joint Blood Program Office(r)
ALOS	Average Length of Stay
AMAL	Authorized Medical Allowance Lists
ARC	Alcoholism Rehabilitation Center
ASBBC	Armed Services Blood Bank Center
ASBPO	Armed Services Blood Program Office
ASDC	Automated Source Data Collection
ASF	Aeromedical Staging Flight or Facility
ASMRO	Armed Service Medical Regulation Office
ASWBPL	Armed Services Whole Blood Processing Laboratory
AT	Annual Training
AQCESS	Automated Quality of Care Evaluation Support System
AWOL	Absent Without Leave
BDC	Blood Donor Center
BOD	Beneficial Occupancy Date
CAPOC	Computer Assisted Practice of Cardiology
CAT	Computed Axial Tomography
CCD	Contract Completion Date
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CHAMPVA	Civilian Health and Medical Program of the Veterans Administra- tion
CHCC	Comprehensive Healthcare Clinic
CHCS	Composite Healthcare System
CLV	Composite Lab Value
CMTF	Contingency Medical Treatment Facility
CNM	Certified Nurse Midwife
CONUS	Continental United States
COR	Close Observation Room
CPR	Cardiopulmonary Resuscitation
CRI	CHAMPUS Reform Initiative
CRO	Carded for Record Only
CRTS	Casualty Receiving and Treatment Ship
CTV	Composite Time Value
DBMIS	Defense Blood Management Information System
DDS	Doctor of Dental Surgery
DEERS	Defense Enrollment Eligibility Reporting System
DEPMEDS	Deployable Medical Systems
DMD	Doctor of Dental Medicine
DMFO	Defense Medical Facilities Office
DMRIS	Defense Medical Regulating Information System
DMSSC	Defense Medical Systems Support Center
DNR	Do Not Resuscitate
DO	Doctor of Osteopathy
DOA	Dead on Arrival
DOW	Died of wounds

DRG	Diagnosis-Related Group
DTF	Dental Treatment Facility
DTR	Dental Treatment Room
EA	Economic Analysis
EAS	Expense Assignment System
EMS	Emergency Medical Services
EPTS	Existed Prior to Service
FDA	Food and Drug Administration
FMP	Family Member Prefix
FTE	Full-Time Equivalent
FTTD	Full-Time Training Duty
FY	Fiscal Year
FYDP	Five-Year Defense Plan
GME	Graduate Medical Education
HBA	Health Benefits Advisor
HFO	Health Facilities Office
HIS	Hospital Information System
HMO	Health Maintenance Organization
ICD9CM	International Classification of Diseases, 9th Revision-Clinical
III	Incapacitating Illness or Injury
IOC	Initial Operational Capability
IOCD	Initial Operating Capability Date
JBPO	Joint Blood Program Office(r)
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JMMC	Joint Military Medical Command
JMRO	Joint Medical Regulating Office
KIA	Killed in Action
LOD	Line of Duty
LOS	Length of Stay
LPN	Licensed Practical Nurse
LVN	Licensed Vocational Nurse
MAF	Man-Hour Availability Factor
MD	Doctor of Medicine
MDC	Major Diagnostic Category
MEB	Medical Evaluation Board
MEPRS	Medical Expense and Performance Reporting System
MHSS	Military Health Services System
MIA	Missing in Action
MILCON	Military Construction
MRI	Magnetic Resonance Imaging
MTF	Medical Treatment Facility
NAS	Nonavailability Statement
NATO	North Atlantic Treaty Organization
NFH	Nonfederal Hospital
NOK	Next of Kin
OASD(HA)	Office of the Assistant Secretary of Defense (Health Affairs)
OCHAMPUS	Office of the Civilian Health and Medical Program of the Uniformed Services
OCONUS	Outside the Continental United States
OSD	Office of the Secretary of Defense
OWCP	Office of Worker's Compensation Program
PCS	Permanent Change of Station
PDRL	Permanent Disability Retired List

PEB	Physical Evaluation Board
PPO	Preferred Provider Organization
PRIMUS	Primary Medical Care for the Uniformed Services
QA/RM	Quality Assurance/Risk Management
RAPS	Resource Analysis and Planning System
RN	Registered Nurse
SCU	Special Care Unit
SI	Seriously Ill
TA	Table of Allowances
TDRL	Temporary Disability Retirement List
TDY	Temporary Duty
TO&E	Table of Organization and Equipment
USTF	Uniformed Services Treatment Facility
VA	Veterans Administration
VSI	Very Seriously Ill
WCD	Work Center Description
WIA	Wounded in Action
WMSN	Workload Management System for Nursing

PART II
DEFINITIONS

GLOSSARY - A

ABSENT SICK. An Active Duty member hospitalized in other than a U.S. military medical treatment facility and for whom administrative responsibility has been assigned to a U.S. military medical treatment facility.

ACCOUNTING ENTITY. A subdivision of an agency (an organization) for which a separate, complete system of accounts is maintained. The system of accounts will include the balances of appropriations (fund resources), and such balances, not part of appropriation balances, for which the accounting entity is administratively held accountable (assets and liabilities).

ACCREDITATION. Formal process by which an agency or organization evaluates and recognizes an institution or program of study as meeting certain predetermined criteria or standards.

ACCRUAL BASIS OF ACCOUNTING. A system of accounting which consists of recognizing in the books and records of the accounting entity the significant and accountable aspects of financial transactions or events as they occur. For a more detailed discussion of this accounting practice, see DoD 6010.13-M, Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities (MEPRS).

ACTIVE DUTY. Full-time duty in the active military service of the United States. It includes federal duty of the active list (for National Guard personnel), full-time training duty, annual training, and attendance while in the active military service at a school designated as a service school by law or the Secretary of the Military department concerned. As it relates to medical care, the term Active Duty does not include Active Duty for Training.

ACTIVE DUTY FOR TRAINING. A tour of active duty that is used for training members of the Reserve Components to provide trained units and qualified persons to fill the needs of the Armed Forces in time of war or national emergency and such other times as the national security requires. The tour of duty is under orders which provide for return to non-active status when the period of active duty for training is completed. It includes annual training, special tours of active duty for training, school tours, and the initial tour performed by nonprior service enlistees.

ACTIVE DUTY MEMBER. A person appointed, enlisted, inducted, or called, ordered, or conscripted into a military service. Active duty members include members of the National Guard or Reserve who are ordered to active duty or active duty for training.

ACUTE CARE. Short-term health care generally lasting less than 30 days.

ACUTE CARE SERVICES. Coordinated services related to the examination, diagnosis, care, treatment, and disposition of acute episodes of illnesses.

ACUTE DISEASE. Disease characterized by a single episode of fairly short duration, usually less than 30 days, and from which the patient can be expected to return to his or her normal or previous state and level of activity.

ADDITIONAL DIAGNOSIS. Any diagnosis, other than the principal diagnosis, that describes a condition for which a patient receives treatment or which the physician considers of sufficient significance to warrant inclusion for investigative medical studies.

ADDITIVE (MANPOWER). Work done that is not part of the basic work center description and therefore not part of the basic work center manpower standard.

ADJUSTMENT. Modification of military medical and dental treatment facility incurred expenses into an array or format that reflects expenses and statistics as prescribed by DoD 6010.13-M, Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities (MEPRS).

ADMISSION. The act of placing an individual under treatment or observation in a hospital. The day of admission is the day on which the hospital makes a formal acceptance of the patient who is to be provided with room, board, and continuous nursing service in an area of the hospital where patients normally stay at least overnight. While the admission of a newborn is deemed to occur at the time of birth, these neonates are reported separately and excluded from the admission data.

ADMISSION AND DISPOSITION REPORT. A daily hospital report reflecting patients gained and lost, changes in status, the numerical strengths of transient patients and boarders, and other transactions such as CRO cases, interward transfers, and passes.

AEROMEDICAL EVACUATION. The movement of patients under medical supervision to and between medical treatment facilities by military or military chartered air transportation. See also: transient patient.

AEROMEDICAL EVACUATION CONTROL CENTER. The control facility established by the commander of an air transport division, air force or air command. It operates in conjunction with the command movement control center and coordinates overall medical requirements with airlift capability. It also assigns medical missions to the appropriate aeromedical evacuation elements in the system and monitors patient movement activities.

AEROMEDICAL EVACUATION CONTROL OFFICER. An officer of the air transport force air command controlling the flow of patients by air.

AEROMEDICAL EVACUATION COORDINATING OFFICER. An officer of an originating, intransit, or destination medical facility/establishment who coordinates aeromedical evacuation activities of the facility/establishment.

AEROMEDICAL EVACUATION OPERATIONS OFFICER. An officer of the airlift force or command who is responsible for activities relating to planning and directing aeromedical evacuation operations, maintaining liaison with medical airlift activities concerned, operating an Aeromedical Evacuation Control Center, and otherwise coordinating aircraft and patient movements.

AEROMEDICAL EVACUATION SYSTEM. A system which provides control of patient movement by air transport, specialized medical attendants and equipment for inflight medical care, facilities on or in the vicinity of air strips and air bases, for the limited medical care of intransit patients entering, en route

via, or leaving the system, and communication with originating, destination, and en route medical facilities concerning patient transportation.

AEROMEDICAL EVACUATION UNIT. An operational medical organization concerned primarily with the management and control of patients being transported via an aeromedical evacuation system or system echelon.

AEROMEDICAL STAGING FACILITY (ASF). A medical facility which has aeromedical staging beds, located on or in the vicinity of an emplaning or deplaning air base or air strip that provides reception, administration, processing, ground transportation, feeding and limited medical care for patients entering or leaving an aeromedical evacuation system.

AIR TRANSPORTABLE UNIT. A unit other than airborne whose equipment is adapted for air movement.

ALCOHOLISM REHABILITATION CENTER (ARC). Facility with an organized professional and trained staff that provides treatment and rehabilitative services to patients, and to their families, with a primary diagnosis of alcoholism and/or other substance abuse.

AMBULATORY CARE. The examination, diagnosis, treatment and disposition of all categories of ambulatory patients (inpatients and outpatients) who are scheduled to be seen in any ambulatory care clinic.

AMBULATORY CARE CLINIC. An entity or unit of a medical or dental treatment facility that is organized and staffed to provide healthcare and holds regular hours in a designated place.

AMBULATORY SURGERY PROGRAM. A facility program for the performance of elective surgical procedures on patients who are admitted and discharged on the day of surgery.

AMERICAN ASSOCIATION OF BLOOD BANKS (AABB). A civilian blood banking association which sets policies and standards for blood banks within the United States.

ANCILLARY SERVICES. Those services other than medical, dental, and nursing services, such as laboratory, radiology, pharmacy, nutrition care, and therapy services, that are provided to patients in the course of care.

AREA JOINT BLOOD PROGRAM OFFICE (AJBPO). A tri-service staffed office responsible for joint blood product management in an assigned geographic area within a unified command. Each area includes at least one blood transshipment center (BTC) and any number of blood supply units (BSU) and medical treatment facilities (MTF).

ARMED FORCES OF THE UNITED STATES. A term used to denote collectively all components of the Army, Navy, Air Force, Marine Corps, and Coast Guard.

ARMED SERVICES BLOOD BANK CENTER (ASBBC). A tri-service staffed blood bank responsible for the collection and processing of blood products. The ASBBC provides blood products for medical treatment facilities of the three Armed Services.

ARMED SERVICES WHOLE BLOOD PROCESSING LABORATORY (ASWBPL). A facility designed and constructed in support of the functions of the Armed Services Blood Program. These functions include: receipt of blood drawn by military blood donor centers, processing and storage of the blood, and consolidation of the blood for shipment to the Unified Commands in support of the Armed Services Whole Blood Program.

ASSIGNED. State of belonging to a unit and being counted as part of that unit's assigned strength.

ASSIGNMENT FACTOR. The workload ratio used to distribute costs from one work center to two or more other work centers. The assignment factor quantifies the amount of cost reassigned from the intermediate to the final operating expense accounts as defined in DoD 6010.13-M, Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities (MEPRS).

ATTENDING PHYSICIAN. The physician with defined clinical privileges who has the primary responsibility for diagnosis and treatment of the patient. A consultant, an assistant-at-surgery or an anesthesiologist (except in the Pain Clinic) is not an attending physician. Under very extraordinary circumstances, because of the presence of complex, serious and multiple, but related, medical conditions, a patient may have more than one attending physician providing treatment at the same time.

AUTHENTICATE. To denote authorship of an entry made in a patient's medical or dental record by means of a written signature, identifiable initials, a computer key, or a personally used rubber stamp; also refers to the process of certifying copies as genuine.

AUTOMATED SOURCE DATA COLLECTION (ASDC). Automatic data processing capability provided to high volume ancillary services for collection of detailed data required for stepdown of costs to requesting work centers.

AUTOMATED QUALITY OF CARE EVALUATION SUPPORT SYSTEM (AQCESS). An interactive, menu-driven patient administration and quality assurance computer system which provides inpatient facilities with the capability to collect, store, and retrieve data important for day to day management. The system is composed of four subsystems, three of which are functional (Admission and Disposition, Clinical Records, and Quality Assurance). These subsystems allow entry, updating, and display of data, as well as the production of reports for MTFs and higher command.

AVAILABLE TIME. Assigned man-hours dedicated to performance of primary duties, plus time specifically allowed for personal, fatigue, delay, standby, and travel activity. This is computed by subtracting the nonavailable hours from the assigned hours.

AVERAGE DAILY CENSUS. Average number of inpatients, excluding newborns, receiving care each day during a reported period.

AVERAGE DAILY PATIENT LOAD (ADPL). Average number of inpatients in the hospital and receiving care each day during a reported period. Included are patients on pass or liberty not in excess of 72 hours and patients admitted and discharged on the same day. Excluded are newborns, patients on convalescent leave, and

patients authorized to subsist out. ADPL is calculated by dividing the number of occupied bed days during the period by the total number of days in the reported period.

AVERAGE LENGTH OF STAY (ALOS). Average stay counted by days of all or a class of inpatients discharged over a given period, calculated by dividing the number of inpatient days by the number of dispositions. Transfers are not included.

GLOSSARY - B

BASIS OF VALUATION. Amounts recorded as obligations and accrued expenditures and revenues in accordance with DoD 7220.9H, DoD Accounting Guidance Handbook, and used in recording assets, liabilities, and operating results. Except for material in stock funds and in industrial fund inventories that are revalued at current catalogue prices, no revaluation adjustments are made in the accounts maintained by DoD accounting entities. Donated assets are recorded at fair market value, estimated to equal original acquisition costs less accumulated depreciation at the time of acquisition.

BASSINET. Accommodation with supporting services maintained in the newborn nursery for infants newly born in the hospital or newborn infants transferred from another hospital without leaving the healthcare system.

BASSINET DAY. A day spent in the newborn nursery by a healthy infant. This excludes days spent by infants in equipment referred to as a bassinet on any pediatric nursing unit, pediatric intensive care unit, or other nursing unit.

BASSINET, SET UP. A bassinet, in the newborn nursery, designed for the care of an infant that is ready in all respects except for the availability of staff; that is, space, equipment medical materiel, and ancillary support services have been provided but the bassinet is not staffed to operate under normal circumstances.

BATTLE CASUALTY. Any person lost to an organization because of death, wound, missing, capture, or internment provided such loss is incurred in action. "In action" characterizes the casualty status as having been the direct result of hostile action; sustained in combat and related thereto; or sustained going to or returning from a combat mission provided that the occurrence was directly related to hostile action. Injuries due to self-inflicted wounds are not considered as sustained in action and are not interpreted as sustained in action and are not interpreted as battle casualties.

BED, AVAILABLE. An operating bed not currently assigned to a patient.

BED, OCCUPIED BY TRANSIENT PATIENT. A bed assigned as of midnight to a patient who is being moved between medical treatment facilities and who stops over while en route to his final destination.

BED, OPERATING. See: operating bed.

BED, SET UP. A bed that is ready in all respects, except for the availability of staff, for the care of a patient; that is, space, equipment, medical materiel, and ancillary and support services have been provided but the bed is not staffed to operate under normal circumstances.

BED, TRANSIENT PATIENT. See: transient patient bed.

BED CAPACITY. Number of beds that a hospital can accommodate. See also: designated bed capacity; expanded bed capacity; mobilization/contingency bed capacity; and normal bed capacity.

BED DAY. A day in which a patient occupies an authorized operating bed at the census-taking hour, normally midnight, or when a patient is admitted and discharged (final disposition) or transferred out on the same day.

BEDS, LICENSED. The number of beds that a hospital is licensed, certified, or otherwise authorized and has the capability to operate. That is, space equipment, medical materiel, and ancillary and support services have been provided, but the required staff is not necessarily available. Licensed beds equal the sum of operating beds and set up beds.

BENEFICIAL OCCUPANCY DATE (BOD). The date on which a facility is available to serve the mission for which it is constructed.

BENEFICIARY. An individual who has been determined to be eligible for benefits and is therefore authorized treatment in a military MTF.

BENEFICIARY CATEGORY. Grouping of individuals in the same beneficiary class, e.g., active duty, dependents of active duty, retired, dependents of retired, and so forth.

BIRTH CERTIFICATE. Official record of an individual birth, certified by a physician, and including birth date, place of birth, parentage, and other required identifying data, filed with the local registrar of vital statistics.

BLOOD DONOR CENTER (BDC). Location for the collection and processing of blood products.

BOARD-CERTIFIED. Term that describes a physician or other health professional who has passed an examination given by a professional specialty board and has been certified by that board as a specialist in that subject.

BOARDER. Person other than a patient, physician, or staff member, such as a parent or spouse of an inpatient, who is temporarily housed in a hospital but who is neither admitted to an inpatient status nor assigned a register number.

BORROWED LABOR. That quantity of productive work or service provided to the medical treatment facility by personnel other than staff and student personnel normally carried on the staffing (manpower) documents of the facility receiving the benefit of the labor. Patient personnel are excluded from this definition. For a more detailed discussion of borrowed labor, see DoD 6010.13-M, Medical Expense and Performance Reporting System For Fixed Military Medical and Dental Treatment Facilities (MEPRS).

BUDGET A detailed financial plan for carrying out specific institutional program activities in a specified time period, usually a fiscal year.

BUDGET RECONCILIATION. Federal government budgeting process in which Congress changes programs and laws so that program costs match the amount Congress wants to spend.

BUDGETING. The process of translating approved resource requirements (manpower and materiel) into time-phased financial requirements.

BUILDING CODES. Standards or regulations for construction that are developed to provide a building that is safe for its intended use.

GLOSSARY - C

CARDED FOR RECORD ONLY (CRO). Special cases which are not admitted to an inpatient status but require the assignment of a register number.

CARDIOPULMONARY RESUSCITATION (CPR). Any means used to restore ventilatory and/or circulatory function until spontaneously resumed, until artificial means are established or until the patient is pronounced dead.

CASE MIX. Categories of patients, classified by disease, procedure, method of payment, or other characteristics, in an institution at any given time, usually measured by counting or aggregating groups of patients sharing one or more characteristics.

CASUALTY. Any person who is lost to the organization by reason of having been declared dead, wounded, injured, diseased, interred, captured, retained, missing, missing in action, beleaguered, besieged or detained.

CASUALTY RECEIVING AND TREATMENT SHIP (CRTS). Amphibious helo/landing craft carriers (LPH, LHA, LHD) which convert to casualty receiving ships after troop disembarkment. Provides resuscitative and limited rehabilitative care for casualties resulting from amphibious operations.

CATCHMENT AREA. Defined geographic area served by a hospital, clinic, or dental clinic and delineated on the basis of such factors as population distribution, natural geographic boundaries, and transportation accessibility. For the DoD Components, those geographic areas are determined by the Assistant Secretary of Defense (Health Affairs) and are defined by a set of 5-digit zip codes, usually within an approximate 40-mile radius of military inpatient treatment facilities.

CATCHMENT AREA MANAGEMENT. A concept where health services planning, resource programming and budgeting are based on the beneficiary population. A full range of health services is provided through the integration of the direct care and the CHAMPUS delivery systems. Cost per beneficiary is used as a measure of efficiency and performance.

CEILING. A numerical limitation imposed by the Office of the Secretary of Defense (OSD) on the number of military and civilian manpower spaces authorized to each service.

CENSUS, AVERAGE DAILY. See: average daily census.

CENSUS, INPATIENT. Number of inpatients in a hospital at a given time. That time is the census taking hour and is usually midnight.

CERTIFICATION. The process by which a governmental or nongovernmental agency or association evaluates and recognizes a person who meets predetermined standards; sometimes used with reference to materials or services. "Certification" is usually applied to individuals and "accreditation" to institutions.

CERTIFIED NURSE MIDWIFE (CNM). See: nurse midwife, certified.

CHARGE. Dollar amount charged by a hospital, physician, or other health care provider for a unit of service, such as a day's stay in an inpatient unit or a specific medical or dental procedure.

CHIEF EXECUTIVE OFFICER. A job-descriptive term used to identify the individual appointed by the governing body to act on its behalf in the overall management of the hospital.

CHIEF OF SERVICE. Member of a hospital staff who is elected or appointed to serve as the medical and/or administrative head of a clinical service.

CHRONIC DISEASE. Disease that persists over a long period of time (i.e., 30 days or more), is not curable, and/or recurs frequently.

CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE UNIFORMED SERVICES (CHAMPUS). Program administered by the Department of Defense that cost-shares for care delivered by civilian health providers to retired members, dependents of active and retired members, certain survivors of deceased members, and certain former spouses of members of the seven uniformed services of the United States.

CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE VETERANS ADMINISTRATION (CHAMPVA). Program administered by the Department of Defense for the Veterans Administration that cost-shares for care delivered by civilian health providers to dependents of totally disabled veterans that are eligible for retirement pay from a uniformed service of the United States.

CLINIC. A medical or dental treatment facility intended and appropriately staffed and equipped to provide primary ambulatory care services, limited specified secondary care services, and certain nontherapeutic activities related to the health of the personnel served, such as physical examinations, immunizations, medical administration, preventive medicine services, and health promotion activities.

CLINICAL PRIVILEGES. Permission to provide medical, dental, and other patient care services in the granting institution, within defined limits, based on the individual's education, professional license, experience, competence, ability, health, and judgement.

CLINICIAN. A physician or dentist practitioner.

CLOSE OBSERVATION ROOM (COR). A room on an inpatient nursing unit/ward, located near the nursing station, specifically designated a COR in the facility plan, for patients who require a higher level of nursing care than is typical for the nursing unit/ward but a lower level of care than that provided in a Special Care Unit.

COMMISSION OF PROFESSIONAL AND HOSPITAL ACTIVITIES (CPHA). Private, not-for-profit organization established in 1955 for the purpose of collecting, processing, and distributing information and data on hospital use from medical record discharge abstracts for management, evaluation, and research purposes.

COMORBIDITY. A pre-existing condition on admission that will, because of its presence with a specific diagnosis, prolong the length of stay by at least one day in 75% of the patients.

COMPETENCE. The ability to make an informed choice.

COMPLICATION. A condition that arises after the beginning of hospital observation and treatment and alters the course of the patient's illness or the medical care required.

COMPOSITE LAB VALUE (CLV). A weighted time factor for dental laboratory procedures.

COMPOSITE TIME VALUE (CTV). A weighted time factor for clinical dental procedures.

COMPREHENSIVE HEALTHCARE CLINIC (CHCC). A facility planned, designed and constructed to provide comprehensive ambulatory care services, to include ambulatory surgery, and limited holding bed capability.

COMPUTED AXIAL TOMOGRAPHY (CAT). An x-ray imaging device that produces highly definitive cross sectional images of the body by computer manipulation.

CONTRACT COMPLETION DATE (CCD). The date when a contractor has fulfilled all contract requirements and the government assumes control of the contractor's product.

CONSTRUCTION. The erection, installation, or assembly of a new facility; the addition, expansion, extension, alteration, conversion, or replacement of an existing facility; or the relocation of a facility from one activity or site to another activity or site. It includes equipment installed in (Real Property Installed Equipment) and made a part of such facilities, related site preparation, excavation, filling and landscaping, or other land improvements.

CONSULTANT. An expert in a specific medical, dental, or other health services field who provides specialized professional advice or services upon request.

CONSULTATION. A deliberation with a specialist concerning the diagnosis or treatment of a patient. To qualify as a consultation, a written report to the requesting health care professional is required.

CONTINENTAL UNITED STATES (CONUS). United States territory, including the adjacent territorial waters located within the North American continent between Canada and Mexico. Alaska and Hawaii are not part of the CONUS.

CONTINGENCY MEDICAL TREATMENT FACILITY (CMTF). An entity within the services' wartime organizational structure which provides medical care during contingency, war, or national emergency. Contingency Medical Treatment Facilities include medical treatment facilities afloat, deployable medical systems (DEPMEDS), and organizational medical assets.

CONTINUING EDUCATION. Education beyond initial professional preparation that is relevant to the type of patient care delivered in the organization, and/or provides current knowledge relevant to the individual's field of practice, and/or health care delivery in general.

CONVALESCENT CARE. Care rendered to patients who are ambulatory. Complexity of care requires limited therapeutic intervention and administration of oral

medications performed by the patient. Patients are in the final stages of recovery and could be returned to limited duty. Emphasis is on physical reconditioning.

CONVALESCENT LEAVE. An authorized leave status, not chargeable to the individual, granted to active duty uniformed service members while under medical or dental care that is part of the care and treatment prescribed for a member's recuperation or convalescence. Convalescent leave days are counted as sick days. Convalescent leave may be granted to inpatients by hospital commanders or to outpatients by individual unit commanders.

COOPERATIVE CARE. Those medical services and supplies provided to non-active duty beneficiaries under specified circumstances and by a civilian source. During cooperative care, inpatients remain on the military hospital's rolls and use sick days. CHAMPUS shares in the cost even though the patient remains under the primary control of the military MTF.

COST ASSIGNMENT. The distribution or transfer of an item of cost or a group of items of cost (an indirect cost pool) to one or more work centers. The term includes both direct assignment (based on specific identification) of cost and the proration (based on beneficial relationship) of cost from an indirect cost pool.

COST FINDING. A process of determining costs by sample or study rather than by detailed transaction recording in the cost accounts. Cost assignment used for determining the expenses of the final operating expense accounts is not the same as cost finding.

CREDENTIALS. Professional qualifications including professional degree, post-graduate training and education, board certification, and licensure.

CUSTODIAL CARE. Care rendered to a patient who is mentally or physically disabled. Such disability is expected to continue and be prolonged. The patient requires a protected, monitored or controlled environment and requires assistance to support the essentials of daily living. The patient is not under active and specific medical, surgical or psychiatric treatment that will reduce the disability enough so that the patient can function outside the protected, monitored or controlled environment of the institutional setting. Custodial care occurs when a patient is medically stabilized and when all reasonable therapeutic efforts have been completed but, despite maximum reasonable rehabilitation, the patient still requires the protected, monitored or controlled environment of an institutional setting. A custodial care determination is not precluded by the fact that a patient is under the care of a supervising or attending physician and that services are being ordered and prescribed to support and generally maintain the patient's condition, or to provide for the patient's comfort, or to assure the manageability of the patient. Further, this determination is not precluded because an RN, LPN, or LVN is providing the required and prescribed services and supplies.

GLOSSARY - D

DEAD ON ARRIVAL (DOA). A patient who expires prior to arrival at a medical treatment facility.

DEATH. The irreversible loss of life, which is indicated by decapitation, rigor mortis, established dependent lividity, and/or the demonstration of cardiovascular unresponsiveness to acceptable resuscitative techniques. Includes those dead on arrival (DOA) at the hospital, those dying in the emergency room, and those dying while inpatients at the hospital.

DEATH CERTIFICATE. Official record of individual death, including the cause of death certified in accordance with local requirements by a physician and any other data defined by state law, filed with the local registrar of vital statistics.

DEATH RATE, HOSPITAL. Number of deaths of inpatients in relation to total number of inpatients over a given period.

DEFENSE ENROLLMENT ELIGIBILITY REPORTING SYSTEM (DEERS). Automated system of verification of a person's eligibility to receive Uniformed Service benefits and privileges.

DEFERRED NONEMERGENCY CARE. Medical or dental care (such as eye refraction, immunizations, dental prophylaxis, and so on) which can be delayed without risk to the patient.

DELIVERY. The act of giving birth to a liveborn infant and/or dead fetus by manual, instrumental, or surgical means. A delivery may result in a single birth, multiple births, or fetal death (stillbirth).

DELIVERY ROOM. Unit for obstetric delivery and infant resuscitation.

DENTAL. Of, pertaining to, or dealing with the healing art and science of dentistry.

DENTAL ASSISTANT. A person trained to assist the dentist in all phase of dental treatment.

DENTAL CLINIC. A healthcare treatment facility appropriately staffed and equipped to provide outpatient dental care that may include a wide range of specialized and consultative support.

DENTAL HYGIENIST. Person who, under the supervision of a dentist, assumes delegated responsibility for providing preventive and therapeutic dental services for patients.

DENTAL OFFICER. A dentist with officer rank.

DENTAL RECORDS. Outpatient dental treatment records including summaries of dental treatment from inpatient medical records and dental radiographs.

DENTAL SERVICE. Provision of services providing preventive care, diagnosis, and treatment of patients to promote, maintain, or restore dental health.

DENTAL TREATMENT FACILITY (DTF). See: dental clinic.

DENTAL TREATMENT FACILITIES AFLOAT. Facilities described in General Specifications for Ships of the Navy and Authorized Dental Allowance Lists (ADALs).

DENTAL TREATMENT ROOM (DTR). A properly outfitted room including a dental chair, dental unit, and dental light where clinical dental procedures are performed.

DENTIST. Person qualified by a degree in dental surgery (DDS) or dental medicine (DMD).

DENTIST, CONTRACT. Member of a hospital medical staff or dental clinic staff who, under a full-time or part-time contract, provides care in the hospital or dental clinic, and whose payment as defined in the contract may be an institutional responsibility, on a fee basis, or on another agreed upon basis.

DEPARTMENT. An organizational unit of the medical treatment facility or of the medical staff. A department contains one or more services.

DEPENDENT. A person who is eligible for care because of his or her relationship to a member or former member of a uniformed service in accordance with DoD 6010.8-R.

DEPENDENT DENTAL INSURANCE PROGRAM. A dental insurance program for dependents of active duty members.

DEPLOYABLE MEDICAL SYSTEM (DEPMEDS). Contingency medical treatment facilities which are capable of being transported and located in a desired or required area of operation during a contingency, war, or national emergency. Deployable medical systems are composed of fixed contingency hospitals and other than fixed contingency hospitals which are not normally used for patient care during peacetime.

DEPRECIATION. The decrease in the service potential of property as a result of wear, deterioration, or obsolescence, and the subsequent allowance made for the process in the accounting records of the activity.

DESIGNATED BED CAPACITY. The number of patient beds specified in Army Table of Distribution and Allowances (TDA), Air Force Tables of Allowance (TA), and Navy General Specifications for Ships at Sea and Authorized Medical Allowance Lists (AMAL). Whenever basic capabilities of a medical treatment facility are modified by competent higher headquarters so that bed capacity is augmented or diminished, the modified capacity becomes the revised designated bed capacity.

DEVIATION (MANPOWER). A situation in or affecting a work center that causes man-hours required to do approved work to vary from man-hours established by the manpower standard. Such deviations exist only within the framework of approved work center descriptions and result in added or subtracted man-hours to the basic standard. Typical causes are travel distances, climatic conditions, work distribution, unique mission requirements, equipment differences, and procedural differences.

DIAGNOSIS. A word or phrase used to identify a disease or problem from which an individual patient suffers or a condition for which the patient needs, seeks, or receives health care.

DIAGNOSIS-RELATED GROUP (DRG). Patient classification system that relates demographic, diagnostic, and therapeutic characteristics of patients to length of inpatient stay and amount of resources consumed. It provides a framework for specifying hospital case mix and identifies classifications of illnesses and injuries for which payment is made under prospective pricing programs.

DIED OF WOUNDS (DOW) RECEIVED IN ACTION. Battle casualties who died of wounds or other injuries received in action, after having reached any medical treatment facility. It is essential to differentiate these from battle casualties found dead or who died before reaching a medical treatment facility (the "killed in action" group). Reaching a medical treatment facility while still alive is the criterion. Civilian battle casualties are not classified as DOW.

DIETITIAN. An individual qualified by graduation from a college or university with a major in foods or nutrition or institution management and possessing either a baccalaureate or a masters degree and registered by the American Dietetic Association.

DIRECT OPERATING EXPENSE. An expense identified specifically with a particular work center.

DISABILITY SEPARATION. The release of members from active duty for a disability that prevents them from performing their military duties satisfactorily.

DISASTER PREPAREDNESS PLAN. Formal written plan of action for coordinating the response of a hospital staff in the event of a disaster within the hospital or community.

DISCHARGE. Formal release by a hospital, upon direction of a physician or through the death of the patient, of a patient who no longer requires inpatient care, or of a patient who voluntarily departs the hospital against medical advice. The day of discharge is the day on which the hospital formally terminates hospitalization.

DISCHARGE DIAGNOSIS. Any one of the diagnoses recorded after all data accumulated in the course of a patient's hospitalization or other circumscribed episode of medical care have been studied.

DISEASE. Morbus; illness; sickness; and interruption, cessation, or disorder of body functions, systems, or organs due to an entity characterized usually by at least two of these criteria: a recognized etiologic agent (or agents), an identifiable group of signs and symptoms, or consistent anatomical alterations.

DISEASE NON-BATTLE CASUALTY. A person who is not a battle casualty but who is lost to the organization by reason of disease or injury, including persons dying of disease or injury, or by reason of being missing where the absence does not appear to be voluntary or due to enemy action or to being interned.

DISENGAGEMENT. Discontinuance of medical treatment of a non-active duty patient for a single episode of care when the medical treatment facility lacks the capability or the services to provide necessary treatment, and is accomplished after alternative sources of care and attendant costs have been explained to the patient or the sponsor.

DISPENSARY. See clinic.

DISPOSITION. The removal of a patient from the census of a hospital by reason of discharge, transfer to another medical facility, death, or other termination of inpatient care.

DO NOT RESUSCITATE (DNR). The clinical circumstances in which CPR will not be instituted on a patient following cardiac or pulmonary arrest.

DOMICILIARY CARE. Inpatient institutional care given to a beneficiary, not because it is medically necessary but because care in a home setting is either not available or is unsuitable, or the patient's family members will not provide the care. Institutionalization because of abandonment constitutes domiciliary care.

DONOR. An individual who supplies his/her own body substances, tissues, or organs to be used in another body; for example, someone who furnishes a kidney for renal transplantation.

DRG WEIGHT. An index number which reflects the relative resource consumption associated with each DRG.

GLOSSARY - E

ECONOMIC ANALYSIS (EA). A cost benefit analysis done to identify the relative cost-effectiveness of delivering healthcare to a projected beneficiary population under different MTF sizing scenarios. PL 97-337 (15 October 1982), amending Section 1087 of Title 10, U.S.C., requires an Economic Analysis be done to determine the space to be programmed in MTFs for military retirees and their dependents.

ELECTIVE CARE. Medical, surgical, or dental care which, in the opinion of professional authority, could be performed at another time or place without jeopardizing the patient's life, limb, health, or well-being. Examples are: surgery for cosmetic purposes, vitamins without a therapeutic basis, sterilization procedures, elective abortions, procedures for dental prosthesis, prosthetic appliances, and so on.

EMERGENCY. Situation that requires immediate intervention to prevent the loss of life, limb, sight, or body tissue, or to prevent undue suffering.

EMERGENCY SERVICES. The resources, both personnel and facilities, that are available 24-hours-a-day to assess, treat, or refer for medical or dental treatment, an ill or injured person. The level of emergency service at a DoD Component medical treatment facility will be classified as level I, II, or III following the JCAHO Accreditation Manual.

LEVEL I EMERGENCY SERVICE: A level I emergency medical department or service offers comprehensive emergency care 24-hours-a-day, with at least one physician experienced in emergency care on duty in the emergency care area. There must be in-hospital physician coverage by members of the medical staff or by senior-level residents for at least medical, surgical, orthopedic, obstetrical, gynecological, pediatric, and anesthesiology services. When such coverage can be demonstrated to be met suitably through another mechanism, an equivalency will be considered to exist for purposes of compliance with the requirement. Other specialty consultation must be available within approximately 30 minutes. Initial consultation through two-way voice communication is acceptable. The hospital's scope of services must include in-house capabilities for managing physical and related emotional problems on a definitive basis.

LEVEL II EMERGENCY SERVICE: A level II emergency department or service offers emergency care 24-hours-a-day, with at least one physician experienced in emergency care on duty in the emergency care area. There must be specialty consultation available within approximately 30 minutes by members of the medical staff or by senior-level residents. Initial consultation through two-way voice communication is acceptable. The hospital's scope of services must include in-house capabilities for managing physical and related emotional problems, with provision for patient transfer to another facility when needed.

LEVEL III EMERGENCY SERVICE: A level III emergency department or service offers emergency care 24-hours-a-day, with at least one physician available to the emergency care area from within the hospital, who is available immediately through two-way voice communication. Specialty consultation must be available by request of the attending medical staff member or by transfer to a designated hospital where definitive care can be provided.

ENCOUNTER. A face-to-face contact between a patient and a provider who has primary responsibility for assessing and treating the patient at a given contact, exercising independent judgement.

END STRENGTH. The number of personnel actually assigned as of the last day of the reporting period.

ENVIRONMENTAL SERVICES. Services such as housekeeping, laundry, maintenance, and liquid and solid waste control performed to ensure safe, sanitary, and efficient hospital operation.

EPISODE OF HOSPITAL CARE. One or more medical service received by an individual during a period of relatively continuous care by a hospital in relation to a particular medical problem or situation.

EXCEPTION (MANPOWER). Any one or combination of the following causes requiring a manpower change to a multi-location manpower standard: additive workload, excluded workload, or deviation.

EXCESS MANNING. Manning assigned in excess of manpower spaces authorized.

EXCLUSION (MANPOWER). Work categories or tasks not required in one or more activities but commonly required in other like activities. See exceptions.

EXISTED PRIOR TO SERVICE (EPTS). A term used to signify there is clear and unmistakable evidence that the disease or injury, or the underlying condition producing the disease or injury, existed prior to the individual's entry into military service.

EXPANDED BED CAPACITY. The number of beds which can be used in wards or rooms designed for patients' beds. Beds are spaced on 6-foot centers (approximately 72 square feet per bed). Former ward or room space, which has been altered so that it cannot be readily reconverted to ward or room space, is not included in expanded bed capacity. Space for beds used only in connection with examinations or brief treatment periods, such as in examining rooms or in the physical therapy department, is not included in expanded bed capacity. Also, nursery space is not included but is accounted for separately. Expanded bed capacity refers only to space and excludes equipment and staff capability.

EXPENSE ASSIGNMENT SYSTEM (EAS). A standard automated data processing capability utilized by the military departments for the calculations required to produce the Medical Expense and Performance Reports. Additional reports are produced during the processing cycle, such as edit listings and various displays of the results of required computations and distributions.

GLOSSARY - F

FACILITY. A separate individual building, structure, utility system, or other item of real property improvement, each item of which is subject to separate reporting and recording, in accordance with DoD Instruction 4165 14, Inventory of Military Real Property.

FAMILY MEMBER PREFIX (FMP). A two-digit number used to identify a sponsor/prime beneficiary or the relationship of the patient to the sponsor.

FELLOWSHIP. Usually a one or two year GME experience following residency, often not in continuity, which is less formally structured and narrower in scope, but specialty specific. It usually involves investigative commitment and achievement of specific technical or clinical skill. Can result in specified certification.

FETAL DEATH. Death prior to the complete expulsion or extraction from the mother of a product of human conception, fetus and placenta, of 20 weeks or more gestation or fetal weight of 500 grams or more. The death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

FINAL OPERATING EXPENSE ACCOUNT. The final expense accumulation point in the system. All inpatient care, ambulatory care, dental care, and special programs accounts are final operating expense accounts.

FISCAL YEAR (FY). The 12-month accounting period used by the Federal government (currently from 1 October to the next 30 September).

FIVE-YEAR DEFENSE PLAN (FYDP). The official program which summarizes the Secretary of Defense-approved plans and programs for the Department of Defense. The FYDP is published annually. The FYDP is also represented by a computer data base which is updated regularly to reflect decisions.

FIXED CONTINGENCY MEDICAL TREATMENT FACILITY (CMTF). An inactive or partially inactive contingency medical treatment facility that is housed in a fixed structure such as a warehouse, hanger, excess hospital or other suitable building that is located in a required area of operation. Fixed CMTFs are equipped to provide medical treatment only during wartime, a major contingency, or an emergency. A fixed CMTF may be either U.S. owned or provided by a host nation.

FIXED MEDICAL TREATMENT FACILITY (MTF). An established land-based medical center, hospital, clinic, or other facility that provides medical, surgical, or dental care and that does not fall within the definition of nonfixed medical treatment facility.

FLEET HOSPITAL. Navy prepositioned, relocatable, modular, rapidly erectable medical/surgical facilities which provide definitive health care necessary to stabilize, treat, and rehabilitate theater casualties. Located in the rear combat zone and communication zone.

FORWARD AEROMEDICAL EVACUATION. That phase of evacuation which provides airlift for patients between points within the battlefield or theater of

operations, from the battlefield to the initial point of treatment, and to subsequent points of treatment within the combat zone.

FULL-TIME EQUIVALENT (FTE). Work force equivalent of one individual working full-time for a specific period, which may be made up of several part-time individuals or one full-time individual.

FULL TIME EQUIVALENT (FTE) WORK-MONTH. The amount of labor that would be available if one person had worked for one month in a given work center. One FTE is equal to 168 hours per month.

FUNCTIONING MEDICAL TREATMENT FACILITY. A medical treatment facility which is partially or completely set up and ready to receive patients, as distinct from a nonfunctioning facility which is one not set up and not ready to receive patients due to such conditions as being in training, in transit, staging, or held in tactical reserve.

FUNDED POSITION. Manpower space as authorized in the FYDP.

GLOSSARY - G

GRADUATE MEDICAL EDUCATION (GME). Full-time, structured, medically related training, accredited by a national body (e.g., the Accreditation Council for Graduate Medical Education), approved by the commissioner of education, and obtained after receipt of the appropriate doctoral degree.

GRADUATE MEDICAL EDUCATION (GME) TEACHING FACILITY. A hospital which conducts residency training programs.

GOVERNING BODY. The individual, group, or agency that has ultimate authority and responsibility for the overall operation of the organization.

GLOSSARY - H

HEALTH AND MEDICAL SERVICES. All professional, technical, and related functions performed by the three military medical departments such as general and special medical treatment, dental care including prosthetic laboratory service, nursing care, veterinary service, medical laboratory service, patient evacuation, preventive medicine (including physical examinations), dietetics, education, and training.

HEALTH BENEFITS ADVISOR (HBA). An individual at a military medical treatment facility who is responsible for providing information about the Uniformed Services Health Benefits Program, and who assists beneficiaries to obtain healthcare benefits.

HEALTH CARE FINDER (HCF) PROGRAM. A program coordinated by the local medical treatment facility to help eligible beneficiaries find quality, accessible, and affordable health care in the civilian community when the needs of the patient cannot be met by the medical treatment facility.

HEALTHCARE PROFESSIONAL. Individual who has received special training or education in a health-related field. This may include administration, direct provision of patient care, or ancillary services. Such a professional may be licensed, certified, or registered by a government agency or professional organization to provide specific health services in that field as an independent practitioner or employee of a healthcare facility.

HEALTH FAIR. An approach to offering health promotion services for self-referred participants who are encouraged to select the information and services of personal interest. Often includes health information and education opportunities and some diagnostic screening, lifestyle assessment and counseling services directed at preventing disease and promoting health. Usually is community based and may be targeted to a specific segment of the population.

HEALTH MAINTENANCE ORGANIZATION (HMO). Organization that has management responsibility for providing comprehensive health care services on a prepayment basis to voluntarily enrolled persons within a designated population.

HEALTH PROMOTION. Any combination of health information, education, diagnostic screening and healthcare interventions designed to facilitate behavioral alterations that will improve or protect health. It includes those activities intended to influence and support individual lifestyle modification and self-care.

HEALTH-RELATED SERVICES. Services other than the provision of medical care intended to directly or indirectly contribute to the physical or mental health and well-being of patients.

HEALTH RECORD. A document which records the provision of health services to an individual patient. Health records include both outpatient and clinical (inpatient) files.

HEALTH RESOURCES. Available manpower, facilities, revenue, equipment, and supplies to produce health care and service .

HEALTH SERVICES. Services intended to directly or indirectly contribute to the health and well-being of patients.

HOME CARE PROGRAM. A program through which a blend of health and social services are provided to individuals and families in their places of residence for the purpose of promoting, maintaining, or restoring health or of minimizing the effects of illness and disability.

HOSPICE PROGRAM. A program providing physical care and psychological support to terminally ill patients and their families or significant others, in both the home and inpatient setting.

HOSPITAL. An inpatient medical treatment facility with an organized professional staff which has beds available 24 hours a day and is capable of providing definitive inpatient care. It is staffed and equipped to provide diagnostic and therapeutic services in the fields of general medicine and surgery and preventive medicine services, and has the supporting facilities to perform its assigned mission and functions. A hospital may, in addition, discharge the functions of a clinic and/or dental clinic.

HOSPITAL, ACCREDITED. Hospital recognized upon inspection by the Joint Commission on Accreditation of Healthcare Organizations as meeting its standards for quality of care, for the safety and maintenance of the physical plant, and for organization, administration, and governance.

HOSPITAL DAY. An overnight stay at a hospital. Normally if the patient is discharged in less than 24 hours it will not be considered an inpatient stay unless the patient was admitted and assigned to a bed and the intent of the hospital was to keep the patient overnight or unless the patient was scheduled for same-day surgery. For hospital stays exceeding 24 hours, the day of admission is considered a hospital day; the day of discharge is not.

HOSPITAL SHIP. A mobile, flexible, rapidly responsive afloat medical treatment facility. Provides acute medical and surgical care in support of forward deployed troops in areas of hostility.

HOURS OR MINUTES OF SERVICE/TREATMENT. The elapsed time between commencement of service/treatment and termination of service/treatment. For a detailed discussion, see DoD 6010.13-M, Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities (MEPRS).

HOUSE STAFF. Individuals serving in hospitals who are appointed to graduate medical education programs in those hospitals.

GLOSSARY - I

IMMEDIATE NONEMERGENCY CARE. Medical, surgical, or dental care for other than an emergency condition, which is necessary at the time and place for the health and well being of the member.

IMMUNIZATION PROCEDURE. The process of injecting a single dose of an immunizing substance.

INCIDENCE. An expression of the rate of which a certain event occurs, such as the number of new cases of a specific disease occurring during a certain period.

INDIRECT COST POOL. One or more intermediate operating expense accounts which collect indirect operating expenses for purposes of reassignment to work center accounts and ultimately to the final operating expense accounts.

INCAPACITATING ILLNESS OR INJURY (III). A classification for hospitalized patients who are not seriously ill (SI) or very seriously ill (VSI) but whose illness or injury renders the patient physically or mentally incapable of communicating with his or her next of kin (NOK), involves serious disfigurement, causes major diminution of sight or hearing, or results in a loss of a major extremity.

INDIRECT OPERATING EXPENSE. An expense identified with two or more work centers but not identified specifically with any particular work center.

INFECTION CONTROL PROGRAM. Policies and procedures followed by a medical or dental treatment facility to minimize the risk of infection to patients and staff.

INFECTION CONTROL COMMITTEE. Medical treatment facility committee composed of medical, dental, nursing, laboratory, and administrative staff members (and occasionally others, such as dietary or housekeeping staff members) whose purpose is to oversee infection control activities.

INFORMED CONSENT. A legal principle requiring that the patient must be informed of all proposed medical or surgical procedures, the material risks of these procedures, alternative courses of action, and the material risks attendant to the alternatives prior to consenting to the receipt of the recommended treatment.

INITIAL OPERATIONAL CAPABILITY (IOC). The first attainment of the capability to employ effectively a weapon, item of equipment, or system of approved specific characteristics, and which is manned or operated by an adequately trained, equipped, and supported military unit or force.

INITIAL OPERATING CAPABILITY DATE (IODC). The date on which an initial operational capability is attained.

INJURY. A condition caused by trauma, such as a fracture, wound, sprain, dislocation, or concussion. An injury also includes conditions resulting from extremes of or prolonged exposure to temperature and acute poisoning resulting from exposure to a toxic substance. Poisoning due to contaminated food is not considered an injury.

INPATIENT. An individual, other than a transient patient, who is admitted by a member of the medical staff for treatment or observation to a bed in a hospital.

INPATIENT CARE. The examination, diagnosis, treatment, and disposition of inpatients.

INPATIENT TREATMENT RECORD. The medical record that is used by hospitals to document inpatient medical or dental care. The inpatient treatment record is initiated on admission and completed at the end of hospitalization. This record applies to all beneficiaries.

INPATIENT VISIT. A visit by an inpatient to an Ambulatory Care Clinic managed by the hospital in which the individual is an inpatient, or a visit by certain health professionals, other than the attending physician(s), to an inpatient. For specific guidance on counting and reporting all categories of visits, see DoD 6010.13-M, Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities (MEPRS).

INTENSIVE CARE. That care rendered to patients whose physiological status is so disrupted that they require immediate and continuous nursing care. The care is provided by specially trained personnel who possess the clinical and managerial skills necessary to deliver safe nursing care to patients with complex medical problems. Extensive, highly technical care is required because of the patient's inability to maintain vital functions and communicate needs. Various life support systems, e.g., respirators, monitors, pumps, and/or hypothermia equipment, are standard items used in this setting. Examples of the types of patients requiring intensive care include those with massive hemorrhage, neurosurgical, orthopedic, vascular, or burn injuries; post-surgical patients; and patients with infectious diseases, malaria, fever of unknown origin, and gastrointestinal conditions such as ulcers and dysenteries.

INTERMEDIATE CARE. That care rendered to patients whose physiological and psychological status is such that they require observation and nursing care for the presence of real or potential life-threatening disease/injury. The acuity of care may range from those requiring constant observation and care to those patients able to ambulate and begin assuming responsibility for their own care. These patients may require monitoring devices, ventilator support, IV therapy, frequent suctioning, dressing changes/reinforcements, and ambulation.

INTERMEDIATE OPERATING EXPENSE ACCOUNTS. An operating expense account that is further assigned to final operating expense accounts. Ancillary Services and Support Services accounts are the intermediate operating expense accounts

INTERN. Person with formal training in a profession who undergoes a period of practical experience under the supervision/direction of a person experienced in that profession.

GLOSSARY - J

JOINT BLOOD PROGRAM OFFICE. A tri-service staffed office responsible for joint blood product management in a unified command theater of operations.

JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JACHO). Private, not-for-profit organization composed of representatives of the American College of Surgeons, American College of Physicians, American Hospital Association, American Medical Association, and American Dental Association whose purpose is to establish standards for the operation of health facilities and services, conduct surveys, and determine accreditation status of medical treatment facilities.

JOINT STANDARD. A standard which is common to all of the DoD Components.

GLOSSARY - K

KILLED IN ACTION (KIA). A battle casualty who is killed outright or who dies as a result of wounds or other combat related injuries before reaching a medical treatment facility. KIA does not include DOW or WIA. Civilian battle casualties are not classified as KIA.

GLOSSARY - L

LABOR ROOM. Hospital room regularly maintained for maternity patients who are in active labor.

LENGTH OF STAY (LOS). The number of occupied bed days that elapse between the date of admission and the date of disposition. For hospital stays exceeding 24 hours, the day of admission is counted but the day of discharge is not. To compute LOS, divide the number of bed days generated by dispositions in the period by the number of dispositions in the period.

LENGTH OF STAY, AVERAGE. See: average length of stay.

LICENSED PRACTICAL NURSE (LPN). A person who is specifically prepared in the techniques of nursing, who is a graduate of an accredited school of practical nursing and whose qualifications have been examined by a state board of nursing, and who has been legally authorized to practice as a licensed practical nurse (LPN).

LICENSED VOCATIONAL NURSE (LVN). A person who is specifically prepared in the techniques of nursing, who is a graduate of an accredited school of vocational nursing and whose qualifications have been examined by a state board of nursing, and who has been legally authorized to practice as a licensed vocational nurse (LVN).

LICENSURE. The granting of permission by an official agency of a State, the District of Columbia, or a Commonwealth, territory, or possession of the United States to provide healthcare independently in a specified discipline in that jurisdiction. It includes, in the case of such care furnished in a foreign country by any person who is not a national of the United States, a grant of permission by an official agency of that foreign country for that person to provide healthcare independently in a specified discipline.

LIFE SAFETY CODE. Standard developed and updated regularly by the National Fire Protection Association that specifies construction and operational conditions to minimize fire hazards and provide a system of safety in case of fire.

LITTER. A device (such as a stretcher) for the transport of a sick or injured person.

LITTER PATIENT. A patient requiring litter accommodations while in transit.

LINE OF DUTY (LOD) INVESTIGATION. An inquiry into the circumstances surrounding the injury or disease of an active duty member. Also used to determine the status of an active duty member for indemnity and compensation purposes.

LIVE BIRTH. The complete expulsion or extraction from a mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life such as heartbeat, umbilical cord pulsation, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.

LIVING-IN UNIT. See: rooming-in.

LOANED LABOR. Staff personnel whose services are temporarily made unavailable to the medical treatment facility because of Emergency and Contingency needs or because of the necessity to provide temporary medical support to other facilities.

GLOSSARY - M

MACHINE TIME. The elapsed time between the commencement and termination of a machine service. An algorithm may be used when multiple services are provided simultaneously in order to prorate the resources consumed.

MAGNETIC RESONANCE IMAGING (MRI). An imaging system that produces images of the body by using a strong magnetic field and computers. The imaging system is capable of showing the differences between grey and white matter in the brain and also is able to show other soft tissue structures that cannot be demonstrated with x-ray technologies.

MAINTENANCE. The recurring day-to-day, periodic, or scheduled work required to preserve or restore a facility to such condition that it may effectively be used for its designated purpose. It includes work undertaken to prevent damage to a facility which otherwise would be more costly to restore.

MAJOR DIAGNOSTIC CATEGORY (MDC). One of 23 subdivisions to which all of the codes of ICD-9-CM have been assigned on the basis of organ system whenever possible.

MANAGEMENT ENGINEERING. That discipline which combines the exactness of science with the art of judgement to develop managerial tools, techniques, procedures, and methods which, when applied by a manager, will help achieve more effective operations. Management engineering also refers to the application of engineering principles to all phases of planning, organizing, directing, controlling, and coordinating a project or enterprise.

MAN-DAY. A unit of work equal to the productive effort of one person working one 8-hour workday.

MAN-HOUR. A unit of measuring work. It is equivalent to one person working at normal pace for 60 minutes, two people working at normal pace for 30 minutes, or a similar combination of people working at normal pace for a period of time equal to 60 minutes.

MAN-HOUR AVAILABILITY FACTOR (MAF). The average number of man-hours per month that an assigned individual is available to perform primary duties. Monthly required man-hours are divided by the MAF to determine the manpower requirements.

MAN-YEAR. A unit of work equal to the productive effort of one person working 8 hours per day, 5 days per week for a period of one year, adjusted to include paid leave.

MANNING. The specific inventory of people currently assigned to an activity in terms of numbers, grades, and occupational groups.

MANPOWER AUTHORIZATION. A manpower allocation that has been expanded to include all of the necessary position attributes and allotted to a specific organization based on recognition of the position as required to accomplish a specific workload.

MANPOWER REQUIREMENT. Personnel needed to accomplish specified workloads of an organization.

MANPOWER STANDARD. A quantitative expression which represents a work center's manpower requirements in response to varying levels of workload. A standard also includes a description of work center tasks and associated conditions on which the standard is built.

MANPOWER VALIDATION. The process of establishing the validity of stated military and civilian manpower requirements through on-site manpower utilization studies.

MARKETING, HOSPITAL. Analysis of community healthcare needs and institutional needs and circumstances, and subsequent planning, implementation, and evaluation of activities to meet identified needs.

MASS CASUALTIES. Any numbers of casualties produced in a relatively short period of time which exceed normal day-to-day logistical support capabilities.

MAXIMUM HOSPITAL BENEFIT. The point during hospitalization when the patient's progress appears to have stabilized and it can be anticipated that additional hospitalization cannot directly contribute to any further substantial or more rapid recovery.

MEDICAID. Those medical benefits that are authorized under Title XIX of the Social Security Act, as amended, and are provided to welfare recipients and the medically indigent through programs administered by the various states.

MEDICAL. Of, pertaining to, or dealing with the healing art and the science of medicine, which includes services related to the diagnosis and treatment of illness, injury, pregnancy, and mental disorders.

MEDICAL BOARD. A medical report about the current state of health and physical status of a member of the Armed Forces which includes recommendations about further evaluation and treatment and which as appropriate may render opinion concerning future health status and related needs.

MEDICAL CENTER. A large hospital which has been so designated and is appropriately staffed and equipped to provide a broad range of healthcare services. Serves as a referral center with specialized and consultative support for facilities within the geographic area of responsibility. Conducts, as a minimum, a surgical graduate medical education program.

MEDICAL CLINIC. A freestanding healthcare treatment facility appropriately staffed and equipped to provide outpatient medical care that may include a wide range of clinical specialties.

MEDICAL DIRECTOR. Physician, usually employed by a hospital, who serves in a medical and administrative capacity as liaison for the medical staff with the administration and governing body.

MEDICAL EXPENSE AND PERFORMANCE REPORTING SYSTEM FOR FIXED MILITARY MEDICAL AND DENTAL TREATMENT FACILITIES (MEPRS). A uniform reporting methodology designed to provide consistent principles, standards, policies, definitions, and requirements for accounting and reporting of expense, manpower, and performance data by DoD fixed military medical and dental treatment facilities. Within these specific objectives the MEPRS also provides, in detail, uniform performance indicators, common expense classification by work centers, uniform reporting of personnel utilization data by work centers, and a cost assignment methodology.

MEDICAL EVACUEES. Personnel who are wounded, injured, or ill and must be moved to or between medical facilities.

MEDICAL INTELLIGENCE. That category of intelligence resulting from collection, evaluation, analysis, and interpretation of foreign medical, bio-scientific, and environmental information which is of interest to strategic planning and to military medical planning and operations for the conservation of the fighting strength of friendly forces and the formation of assessments of foreign medical capabilities in both military and civilian sectors.

MEDICAL OFFICER. Physician with officer rank.

MEDICAL RECORDS. Inpatient treatment records, outpatient treatment records, health records, dental records, civilian employee medical records, X-ray film, DD Forms 602, Patient Evacuation Tag, and DD Forms 1380, U.S. Field Medical Card.

MEDICAL RECORDS ADMINISTRATOR. An individual who has successfully passed an appropriate examination conducted by the American Medical Record Association, or who has the equivalent of such education and training.

MEDICAL SERVICES. Activities related to medical care performed by physicians and/or other health care provided under the direction of a physician.

MEDICAL STAFF. Organized body of fully licensed physicians and other licensed individuals permitted by law and by the medical treatment facility to provide patient care services independently in the facility. All members have delineated clinical privileges. The members are subject to medical staff and departmental bylaws, rules, and regulations and are subject to review as part of the hospital quality assurance program. As a staff, they have overall responsibility for the quality of the professional services provided by individuals with clinical privileges and are accountable for this to the governing board.

MEDICAL STUDENT. Person who is enrolled in a program of study to fulfill requirements for a degree in medicine or osteopathy.

MEDICAL TREATMENT FACILITY (MTF). A facility established for the purpose of furnishing medical and/or dental care to eligible individuals.

MEDICAL TREATMENT FACILITY (MTF) AFLOAT. A facility established aboard ship or other afloat structure for the purpose of furnishing medical and/or dental care to eligible personnel within the limits of its staff and equipment and which meets the description provided in the General Specifications for Ships of the Navy (GENSPECS).

MEDICALLY ISOLATED FACILITY. An MTF located in an area where within a 40 mile driving radius, there are less than 100 acute care beds and/or insufficient healthcare manpower in the civilian community to provide for the healthcare needs of the military member and his dependents.

MEDICALLY NECESSARY. The level of services and supplies (that is, frequency, extent, and kinds) required for the proper diagnosis and treatment of illness or injury (including maternity care). Medically necessary includes the concept of essential medical care.

MEDICARE. Those medical benefits authorized under Title XVIII of the Social Security Act, as amended, provided to persons sixty-five (65) years of age or older, certain disabled persons, or persons with chronic renal disease, through a national program administered by the Social Security Administration, Bureau of Health Insurance.

MENTAL INCAPACITATION. Condition resulting from temporary or permanent mental instability as a result of injury, disease, or other mental condition. Determined by an administrative or judicial determination of a member's ability to manage his/her personal affairs.

MENTAL INCOMPETENCE. Administrative or judicial determination of impaired judgement secondary to psychiatric disorder(s) or other condition, especially if the question of impaired judgement is raised incident to pending trial, administrative separation, or disciplinary action.

MILITARY CONSTRUCTION (MILCON). In accordance with Title 10, U.S.C., Section 2801: "The term "military construction"... includes any construction, development, conversion, or extension of any kind carried out with respect to a military installation." The term is also used as a category of funds appropriated for military construction projects.

MILITARY CONSTRUCTION (MILCON) PROJECT. In accordance with Title 10, U.S.C., Section 2801: "A military construction project includes all military construction work, or any contribution authorized by this chapter, necessary to produce a complete and usable facility or a complete and usable improvement to an existing facility (or to produce such portion of a complete and usable facility or improvement as is specifically authorized by law).

MILITARY PERSONNEL. Persons on active duty or active duty for training in the US Armed Forces, including cadets/midshipmen of the Armed Forces academies.

MILITARY SERVICES. The Army, the Navy, the Marine Corps, the Air Force, and the Coast Guard. This definition includes all personnel serving on active duty, active duty for training, inactive duty for training, and retained beyond active duty for training.

MILITARY THEATER OF OPERATIONS. A particular geographic area, as defined by the JCS, specified for the purposes of identifying where a given disease or injury occurred and whether it was the result of hostile or nonhostile action.

MINIMAL CARE. That care rendered to patients who are ambulatory and partially self-sufficient who require limited therapeutic and diagnostic services and are in the final stages of recovery. Focus of nursing management is on maintenance of a therapeutic environment which enhances recovery. Complexity of care includes administering medications and treatments which cannot be done by the patients and providing instruction in self-care and post-hospitalization health maintenance.

MINUTES A record of business introduced, transactions and reports made, conclusions reached, and recommendations made.

MIXED WARD OR CLINIC. A work center that is composed of more than one sub-specialty account and where an indirect cost pool is usually established to collect appropriate expenses for subsequent distribution to the appropriate subaccounts.

MOBILIZATION/CONTINGENCY BED CAPACITY. The total of the expanded bed capacity plus the number of beds which can be set up in areas not originally designed for patient care, such as troop billets, hotels, motels, and schools, and in former patient care areas that can be reconverted within the time of the hospital's mobilization and contingency mission.

MODERNIZATION AND REPLACEMENT EQUIPMENT. That equipment required to replace worn out, uneconomically repairable, and/or obsolete equipment in medical and dental facilities; and that equipment which is acquired as the result of new technology wherein no existent equipment is replaced.

MORBIDITY. The incidence of disease; condition of being diseased; sick rate; the ratio of sick to well persons in a community.

MORTALITY. The rate of death.

GLOSSARY - N

NARRATIVE SUMMARY. Medical report dictated prior to a patient's discharge from an inpatient facility and ultimately included in the active duty member's health record or in the nonactive duty patient's outpatient treatment or health record.

NATO MEMBER. A military member of an armed force of a North Atlantic Treaty Organization nation who is on active duty and who in connection with official duties is stationed in or passing through the United States. The NATO nations are Belgium, Canada, Denmark, France, Federal Republic of Germany, Greece, Iceland, Italy, Luxembourg, the Netherlands, Norway, Portugal, Turkey, the United Kingdom, and the United States.

NEEDS ASSESSMENT. Evaluation of the requirements or demands for health services by a population or community.

NEONATAL INTENSIVE CARE UNIT (NICU). An intensive care unit for high risk neonates, directed by a board-certified pediatrician with subspecialty certification in neonatal medicine. Refer to the American Academy of Pediatrics' Guidlines For Perinatal Care, 1988.

NEXT OF KIN (NOK). Individual authorized to provide instructions for the disposition of remains in death cases.

NONAVAILABILITY STATEMENT (NAS). A certification by a commander (or a designee) of a military medical treatment facility, and recorded on DD Form 1251, Uniformed Services Medical Treatment Facility Nonavailability Statement (NAS), generally issued because the medical care that a CHAMPUS beneficiary needs cannot be provided at the facility concerned.

NONAVAILABLE TIME. Assigned man-hours allowed for participation in those activities directed, recognized, and approved by the Services, which render the individual nonavailable for assigned primary duties. These activities include official leave, Permanent Change of Station (PCS) related activities, medical visits or treatments, and organizationally directed duties, such as charge of quarters, watch, parades and formations, and details. Also included as non-available time is official release from duty to participate in education and training and drug and alcohol rehabilitation, and other miscellaneous absences such as Absence Without Official Leave (AWOL) or desertion, and release from duty for civic duties, such as voting or jury duty.

NONBATTLE ACCIDENT/INJURY. An accident or injury which is not the direct result of hostile action by or against an organized enemy.

NONBATTLE CASUALTY. A person who is not a battle casualty, but who is lost to his organization by reason of disease or injury, including persons dying from disease or injury, or by reason of being missing where the absence does not appear to be voluntary or due to enemy action or to being interned.

NONEFFECTIVE RATE. The average daily number of active duty personnel noneffective for medical reasons per 1,000 average strength. It is computed by dividing (the number of sick days lost by active duty personnel on hospital census during the period x 1,000) by (average active duty strength during the period x number of days in the period).

NONFIXED MEDICAL TREATMENT FACILITY. Medical facilities for field service, such as aid stations, clearing stations, and division, field and force combat support and evacuation hospitals; medical facilities afloat, such as hospital ships and sick bays aboard ships; and tactical casualty staging facilities and medical advance base components contained within mobile-type units.

NORMAL BED CAPACITY. The number of beds which can be utilized in an area, with approximately 140 to 200 square feet of space per bed. This definition refers only to space and excludes equipment and staff capability. However, for cantonment-type hospitals still in use, bed capacity may be measured in the number of beds able to be spaced on 8-foot centers. Former ward or room space which has been altered so that it cannot be readily reconverted is not included in calculating normal bed capacity. Space for beds used only in connection with examinations or brief treatment periods, such as in examining rooms or in the physical therapy department, is not included. Nursery space is not included but is accounted for separately based on the number of bassinets the nursery can accommodate.

NOSOCOMIAL. Pertaining to or originating in a hospital.

NURSE. Person qualified by graduation from formal nursing program at an accredited school of nursing and licensed by a state to practice nursing.

NURSE MIDWIFE, CERTIFIED (CNM). An individual educated in the two disciplines of nursing and midwifery who possesses evidence of certification according to the requirements of the American College of Nurse Midwifery (ACNM).

NURSE MIDWIFERY. The independent management of care of essentially normal newborns and women, antepartum, intrapartum, postpartum, and/or gynecologically, occurring within a healthcare system that provides for medical consultation, collaborative management, or referral, and in accordance with standards for nurse midwifery practice as defined by the ACNM.

NURSE OFFICER. Registered nurse with officer rank.

NURSE PRACTITIONER. A registered nurse who is prepared through a formal organized education program to determine, start, or alter defined regimens of medical and/or nursing treatment provided to a patient, either on a routine or occasional basis, in the specialties of obstetrics/gynecology, pediatrics, primary care, family practice, and mental health/psychiatric care.

NURSE, REGISTERED. A person who is specifically prepared in the scientific basis of nursing; is a graduate of an approved school of nursing; has successfully completed the National Council Licensure Examination for Registered Nurses, and has a current, valid license to practice as a registered nurse in the United States, Guam, or the U.S. Virgin Islands.

NURSING. Provision of services by or under the direction of a nurse to patients requiring assistance in recovering or maintaining their physical or mental health.

NURSING SERVICE ADMINISTRATOR. Registered nurse responsible for the overall administration and management of nursing activities accomplished in a health-care setting.

NURSING SERVICES. Activities related to nursing care performed by nurses and other professional and technical personnel under the supervision of a registered nurse.

NURSING STUDENT. Person who is enrolled in a program of study to fulfill the requirements for a degree or diploma in nursing.

NUTRITION CARE SERVICES. Activities related to the administration and operation of a hospital food service to include: the provision of comprehensive nutritional care for patients and staff; nutritional assessment/dietary counseling of patients; the provision of nutrition education for the community; and applied research.

GLOSSARY - O

OCCASION OF SERVICE. A specific act or service involved in the medical care of a patient which does not require the assessment of the patient's condition nor the exercising of independent judgement as to the patient's care, such as a technician drawing blood, taking an x-ray, or administering an immunization.

OCCUPANCY RATE. Ratio of average daily census to the average number of authorized operating beds maintained during the reporting period.

OCCUPATIONAL ILLNESSES. Abnormal acute or chronic conditions, other than injury, that are due to exposure (inhalation, absorption, ingestion, or direct contact) to physical, chemical, or biological agents found at the work place.

OCCUPATIONAL MEDICAL EXAMINATION. Medical examinations conducted for civilian employees and military members which are prescribed by regulation, directive or law. Occupational medical examinations include periodic medical examinations, tests, and services including screening examinations for occupational hazards; and preemployment, termination, enlistment, and separation medical examinations conducted in occupational medical clinics.

OCCUPATIONAL THERAPIST. An individual qualified by graduation from an accredited school of occupational therapy with either a baccalaureate or masters degree who has passed a national certification examination given by the American Occupational Therapy Association. In many states, a license to practice is also required.

OCCUPATIONAL THERAPY SERVICES. Department which provides occupational therapy interventions in medical community setting by evaluating patients' performance capabilities and deficits and planning and implementing occupational therapy services in prevention, health maintenance, remediation, daily life tasks, and vocational adjustments health care programs.

OCCUPIED BED. A hospital bed assigned to a patient as of the census taking hour to include a patient on pass or liberty not in excess of 72 hours, any bassinet assigned to a newborn infant and days in the labor and delivery rooms. As an exception to the foregoing, a bed assigned to a patient who was admitted and discharged the same day will also be counted as an occupied bed. The definition excludes: any bed assigned to a patient subsisting out, on leave, or absent without leave; transfers out; and any bed occupied by a transient patient.

OCCUPIED BED DAY. A day in which a patient occupies a bed at the census taking hour (normally midnight). The following are counted as occupied bed days: days on pass or liberty not in excess of 72 hours, newborn infant days while occupying a bassinet, and days in the labor or delivery room. Additionally, an occupied bed day is credited whenever a patient is admitted and discharged on the same day, such as for same day surgery.

OFFICE OF WORKERS' COMPENSATION (OWC) PROGRAMS BENEFICIARY. A civilian employee of the US government who is injured or incurs a disease in the performance of duty and is designated as a beneficiary by the Office.

OPERATING BED. Accommodation in a functioning medical treatment facility that is currently set up and ready in all respects for the care of a patient. It must include supporting space, equipment, medical material, ancillary and support services, and staff to operate under normal circumstances. Excluded

are transient patient beds, bassinets, incubators, labor beds, and recovery beds.

OPERATING EXPENSES. The value, measured in dollars, of the transactions and events of work centers.

OPERATING EXPENSE ACCOUNT. The record of transactions and events in monetary terms for the functions and activities (i.e., work center(s)) of a military medical treatment facility.

OPERATING ROOM. An area of a hospital equipped and staffed to provide facilities and personnel services for the performance of surgical procedures.

OPERATING ROOM MINUTES OF SERVICE. The elapsed time of an operation performed in the operating room multiplied by the number of hospital personnel participating in each operation.

ORGANIZATIONAL MEDICAL ASSETS. Personnel and material allocated for specific tasks regarding input of patients into the contingency medical treatment facility system. Tasks include, but are not limited to: casualty collection functions, emergency care, triage, beginning resuscitation, and preparation of patients for evacuation. These assets are designated to meet Service-specific demands.

OUTCOME INDICATORS. Specified outcomes of care that are identified and subject to trend analysis. Examples include neonatal death rate, mortality following coronary artery bypass surgery, readmission rate following discharge, nosocomial infection rate, and wound evisceration or dehiscence rate.

OUTLIERS. Atypical cases which have an extremely long length of stay (day outlier) or extraordinary high costs (cost outlier) when compared to most discharges classified in the same DRG.

OUTPATIENT. An individual receiving healthcare services for an actual or potential disease, injury, or life style related problem that does not require admission to a medical treatment facility for inpatient care.

OUTPATIENT SERVICE. Care center providing treatment to patients who do not require admission as inpatients.

OUTPATIENT SURGERY PROGRAM. A hospital program for the performance of elective surgical procedures on patients who are not admitted to the hospital as inpatients.

OUTPATIENT VISIT. A hospital program for the performance of elective surgical procedures on patients who are not admitted to the hospital as inpatients.

GLOSSARY - P

PARAPROFESSIONAL. A trained aide who assists a professional person.

PARTIALLY RELOCATABLE CONTINGENCY MEDICAL TREATMENT FACILITY (CMTF). Contingency medical treatment facilities designed to use the mobile core functions of the relocatable CMTF, such as surgery, x-ray, and laboratory. Ancillary and operating support functions, such as wards, laundry, and food service, shall be satisfied by the use of fixed structures.

PASS. An authorized absence not chargeable as leave. It is granted for short periods to provide respite from the hospital or for other specific reasons. At the end of the pass time limit, the member returns to the hospital. Passes do not exceed 72 hours.

PATIENT. A sick, injured, wounded, or other person requiring medical/dental care or treatment.

PATIENT ACUITY. The measurement of the intensity of care required for a patient accomplished by a registered nurse. There are six categories ranging from minimal care (I) to intensive care (VI).

PATIENT, AMBULATORY. A patient who is able to walk or ambulate in a wheelchair as opposed to one requiring confinement to a bed.

PATIENT, BED. Patient who is not ambulatory.

PATIENT, EMERGENCY. Patient with potentially disabling or life-threatening condition who receives initial evaluation and medical, dental, or other health-related service in an emergency department.

PEER REVIEW. Assessment of professional performance by professionally equivalent military or civilian providers.

PERFORMANCE FACTOR. A measure of work produced by a function, such as visits, procedures, occupied bed days, etc.

PHYSICAL THERAPIST. An individual qualified by graduation from an accredited school of physical therapy with either a baccalaureate or masters degree and licensed by a state licensing board to practice physical therapy.

PHYSICAL THERAPY SERVICES. Activities related to the evaluation of patients with neuromusculoskeletal complaints and the planning and supervising of programs for physical rehabilitation of patients, with medical/surgical conditions, who may have been referred by either physicians or dentists.

PHYSICIAN. Person possessing a degree in medicine (MD) or osteopathy (DO).

PHYSICIAN, ATTENDING. See: attending physician.

PHYSICIAN, CONTRACT. Physician who, under a full-time or part-time contract, provides care in the hospital and whose payment as defined in the contract may be an institutional responsibility, on a fee basis, or on another agreed-on basis.

PHYSICIAN'S ASSISTANT. Person who provides healthcare services customarily performed by a physician under responsible supervision of that qualified licensed physician and who has successfully completed an accredited education program for physicians' assistants and/or who has been certified, licensed, or registered by a recognized agency or commission.

PLANT EQUIPMENT. Property of a capital nature consisting of machinery, furniture, equipment, vehicles, machine tools, test equipment, and accessory and auxiliary items, but excluding special tooling and special test equipment used or capable of use in the manufacture of supplies or in the performance of services or for any administrative or general plant purpose.

PLANT PROPERTY. All property for which the medical or dental facility has accountability to include all owned real property and that realty that is not owned but for which accountability is a responsibility. Also included is personal property of a capital nature.

POTENTIALLY COMPENSABLE EVENT. Disability caused by health care management, with or without legal fault. More broadly, any adverse event or outcome in which the patient experiences any unintended or unexpected negative result.

PRACTICE PRIVILEGES. See: clinical privileges.

PREADMISSION PROCESS. Formal acceptance by a hospital of a patient for preliminary tests on an outpatient basis prior to admission as an inpatient.

PREFERRED PROVIDER ORGANIZATION (PPO). Term applied to a variety of direct contractual relationships between hospitals, physicians, insurers, employers, or third-party administrators in which providers negotiate with group purchasers to provide health services for a defined population, and which typically share three characteristics: a negotiated system for payment for services that may include discounts from usual charges or ceilings imposed on a charge, per diem, or per discharge basis; financial incentives for individual subscribers (insureds) to use contracting providers, usually in the form of reduced copayments and deductibles, broader coverage of services, or simplified claims processing; and an extensive utilization review program.

PRESIDENT OF THE MEDICAL STAFF. Member of a hospital medical staff who is elected or appointed by the medical staff to serve as its administrative head for a designated time.

PREVALENCE. The total number of cases of a disease in existence at a certain time in a designated area.

PRIMARY CAUSE OF ADMISSION. The immediate condition that caused the patient's admission to the MTF for the current, uninterrupted period of hospitalization. When several related conditions simultaneously cause admission, the condition which is the first in the chain of etiology will be designated as the primary cause. When unrelated conditions simultaneously cause admission, the most serious condition will be recorded as the primary cause of admission.

PRINCIPAL DIAGNOSIS. The condition established after study to be chiefly responsible for the patient's admission.

PRINCIPAL PROCEDURE. The procedure which was therapeutic rather than diagnostic, most related to the principal diagnosis, or necessary to take care of a complication.

PRIVACY ACT OF 1974. Legislation which provides for the protection of personal privacy of individuals on whom health and other personal records are maintained.

PRIVACY ACT STATEMENT. DD Form 2005, Privacy Act Statement, used to inform individuals of the purpose, routine uses, and authority for collecting personal information.

PRIVILEGES, CLINICAL. See: clinical privileges.

PRIVILEGES, PROVISIONAL. Initial privileges for a provider at a medical or dental treatment facility given for a set length of time during which the clinical performance shall be assessed by peers and supervisors. The length of time shall be consistent for all providers in a healthcare facility.

PRIVILEGES, STAFF. Privileges granted to providers for a period of time not to exceed 24 months. Performance assessment shall be documented before each renewal of privileges. A provider's privileges are based on review of both credentials and performance. Depending on the provider's relationship with the medical treatment facility staff, staff privileges may be temporary, defined, consulting, or courtesy. Service regulations shall define these categories for each Military Medical Department.

PRIVILEGES, TEMPORARY. Privileges granted to active duty military providers who have arrived at a permanent change of assignment facility before the Provider Credentials File but with military personnel files. These privileges may not exceed 30 days and may not be renewed.

PRODUCTION EQUIPMENT. Those items of plant equipment located within a manufacturing, processing, assembling or service establishment and used for cutting, abrading, grinding, shaping, forming, joining, measuring, testing, heating or treating production materials or work-in-process.

PROTOCOL. Written procedure providing basic guidelines for the management (diagnosis and treatment) of specific types of medical or dental patient care in specified circumstances.

PROVIDER. Healthcare professional or facility or group of healthcare professionals or facilities that provide healthcare services to patients.

PURIFICATION. The process of reassigning expenses from one operating expense account (work center) to one or more other operating expense accounts (work centers) with the sole objective of recognizing the benefitting function or activity for which the work is performed.

GLOSSARY - Q

QUALIFIED. Formally recognized by an appropriate agency or organization as meeting certain standards of performance related to the professional competence of an individual or the eligibility of an institution to participate in a government program.

QUALITY ASSURANCE. The formal and systematic monitoring and reviewing of medical care delivery and outcome; designing activities to improve healthcare and overcome identified deficiencies in providers, facilities, or support systems; and carrying out followup steps or procedures to ensure that actions have been effective and no new problems have been introduced.

QUALITY ASSURANCE PROGRAM. Any activity carried out by or for the Department of Defense to monitor, assess, and improve quality of health care. This includes activities conducted by individuals, military medical and/or dental treatment facility committies, contractors, military medical departments, or DoD agencies responsible for quality assurance, credentials review and clinical privileging, infection control, patient care assessment including review of treatment procedures, blood use, medication use, review of health care records, health resources management review, and risk management reviews.

QUARTERS PATIENT. An active duty uniformed service member receiving medical or dental treatment for a disease or injury that is of such a nature that, on the basis of sound professional judgement, inpatient care is not required. Absent sick patients may be placed in quarters by a nonmilitary physician. The quarters patient is treated on an outpatient basis and normally will be returned to duty within a seventy-two hour period. The quarters patient is excused from duty past 2400 hours of the current day while under medical or dental care and is permitted to remain at home or in quarters.

GLOSSARY - R

RATE. Regular fee charged to all persons of the same patient category for the same service or care.

RAPIDLY DEPLOYABLE MEDICAL FACILITY (RDMF). A Navy 1000 bed, shore-based medical system configured as four independently deployable 250 bed combat zone field hospitals. It provides resuscitative and acute care to casualties resulting primarily from amphibious operations. Part of the Near Term Prepositioning Force (NTPF), RDMF is loaded onboard a ship for deployment and employment in support of Navy and Marine Corps forces.

READMISSION, PATIENT. Subsequent admission of a patient to the hospital for treatment of a condition related to or deriving from the one initially requiring admission. Usually the time period will be specified.

REAL PROPERTY INSTALLED EQUIPMENT. Equipment affixed and built into the facility as an integral part of the facility. DoDI 7040.5, Definitions of Expense and Investment Costs, provides guidelines for determining which equipment meets this definition.

RECLASSIFICATION. That action required to identify and move expenses from one set of accounts to another set of accounts.

RECOVERY ROOM. Room for temporarily monitoring and treating postanesthesia patients.

RECOVERY ROOM MINUTES OF SERVICE. The period of time beginning when the patient enters the recovery room and ending when the patient leaves the recovery room.

REFERRAL. Practice of sending a patient to another program or practitioner for services or advice that the referring source is not prepared or qualified to provide.

REGISTER NUMBER. A unique number assigned in each hospital to each patient admitted, or for whom the facility has administrative responsibility for completing a record and to those records which are carded for record only (CRO).

RELOCATABLE CONTINGENCY MEDICAL TREATMENT FACILITY (CMTF). A CMTF designed specifically for mobility. Mobility is a quality or capability that permits these CMTFs to move from place to place while retaining the ability to fulfill their primary mission for the Military Services.

REPAIR. The restoration of a facility to such condition that it may be used effectively for its designated purpose by overhaul, reprocessing, or replacement of constituent parts or materials that have deteriorated or have been damaged by action of the elements or usage, and which may have not been corrected through maintenance. Included is Real Property Fixed Equipment and nonfixed equipment within a facility.

RESIDENCY. A multi-year, specialty specific, graduate medical education experience designed to prepare the candidate for a particular specialty certification examination.

RESIDENT. A person engaged in residency training.

RESOURCE ANALYSIS AND PLANNING SYSTEM (RAPS). An automated tool that provides users the capability of assessing the impact of alternative assumptions and policy decisions on the beneficiary populations, utilizations, manpower requirements, and costs of the Military Health Services System (MHSS). It is intended primarily as an analysis tool, not as an authoritative data retrieval system, although it may be used to provide the best population estimates currently obtainable.

RETIREE. A member or former member of a uniformed service who is entitled to retired, retainer, or equivalent pay and other benefits based on duty in a uniformed service.

RISK MANAGEMENT. Function of planning, organizing, implementing, and directing a comprehensive program of activities to identify, evaluate, and take corrective action against risks that may lead to patient, visitor, or employee injury and property loss or damage with resulting financial loss or legal liability.

RISK MANAGER. Person who coordinates all aspects of risk identification, evaluation, and treatment within the medical treatment facility in order to reduce the frequency and severity of events that may result in injury to patients, visitors, and employees and in property loss or damage or legal liability.

ROOMING-IN. Method of organizing obstetric facilities and services whereby mothers share accommodations with and assume the care of newborn infants under the supervision of nursing personnel.

GLOSSARY - S

SAFETY COMMITTEE. Committee composed of medical, dental, nursing, engineering, administrative, and other staff members whose purpose is to oversee safety practice.

SAME-DAY SURGERY PROGRAM. A hospital program for the performance of elective surgical procedures on patients who are admitted to and discharged from the hospital on the day of surgery.

SATELLITE. Associated or subsidiary enterprise.

SELF-CARE. Patient performance for himself or herself of healthcare activities of limited scope, such as the self-administration of oral medication.

SERIOUSLY ILL. A patient is seriously ill when his illness is of such severity that there is cause for immediate concern but there is no imminent danger to life.

SERVICE. Used to indicate a functional division of the hospital or of the medical staff. Also used to indicate the delivery of care.

SICK DAYS. All days absent sick and days as an inpatient in a medical treatment facility.

SPECIAL CARE UNIT (SCU). A medical care unit in which there is appropriate equipment and a concentration of physicians, nurses, and others who have special skills and experience to provide optimal care to critically ill patients.

SPECIALIST. Physician, dentist, or other healthcare professional, usually with special advanced education and training.

SPECIALTY CARE. Provision by a specialist of specialized healthcare services.

SPONSOR. The prime beneficiary who derives his or her eligibility based on individual status rather than dependence of another person.

STEP DOWN. The reassignment of expenses of intermediate operating expense accounts to the final operating expense accounts on the basis of data assignment factors which measure the amount of services rendered by intermediate work centers to the other work centers.

STILL BIRTH. The delivery of a fetus, irrespective of its gestational age, that after complete expulsion or extraction shows no evidence of life, i.e., no heart beats or respirations. Heart beats are to be distinguished from transient cardiac contractions. Respirations are to be distinguished from fleeting respiratory efforts or gasps.

STRATEGIC PLANNING. Long-range, comprehensive, and structured decision process that ensures logical steps within a time frame in reaching a desired goal by weighing each decision step against alternative choices.

SUBSISTING OUT. The nonleave status of an inpatient who is no longer assigned a bed. These days are not counted as occupied bed days but are counted as sick days. Inpatients authorized to subsist out are not medically able to return to duty but their continuing treatment does not require a bed assignment.

SUPPLEMENTAL CARE. Nonelective specialized treatment, procedures, consultation, tests, supplies, or equipment in a non-military MTF while carried as an inpatient on the census of a military facility. This care is required to augment the course of care being provided by the military MTF.

SUPPORT SERVICES. Those services other than medical, dental, nursing, and ancillary services that provide support in the delivery of clinical services for patient care, including laundry service, housekeeping, purchasing, maintenance, central supply, materials management, and security.

SYSTEMS ANALYSIS. Analysis of a sequence of activities or management operations to determine which activities or operations are necessary and how they can best be accomplished.

GLOSSARY - T

TASK ANALYSIS. Detailed examination of the observable activities associated with the execution or completion of a required function or unit of work.

TEMPORARY DISABILITY RETIRED LIST (TDRL). List of officers and enlisted persons released from active service because of disability, the degree of which has not been established, who are required to undergo periodic medical examinations at intervals of 18 months or less, but who are entitled to receive retired pay for a period of 5 years if not sooner removed from the list.

TERMINALLY ILL. Situation in which there is no reasonable medical possibility that the patient's condition will not continue to degenerate and result in death.

TERTIARY CARE. Provision by a large medical center, usually serving a region or state and having sophisticated technological and support facilities, of highly specialized medical and surgical care for unusual and complex medical problems.

TRAINING AND CONTINUING EDUCATION OF NONSTUDENT PERSONNEL. Training of assigned nonstudent personnel of all ranks and specialties to improve and maintain proficiency in military and medical skills which is a necessary cost to any military medical unit. This type of training can be subdivided into continuing education, military contingency, and day-to-day proficiency training.

TRANSFER. Each movement of an inpatient from one medical treatment facility (civilian or military) to another.

TRANSIENT PATIENT. A patient enroute from one medical treatment facility to another medical treatment facility.

TRANSIENT PATIENT'S BED. A bed that a designated hospital operates for the care of a patient who is being moved between medical treatment facilities and who must stop over for a short period of time while enroute to his final destination.

TRIAGE. The evaluation and classification of casualties for purposes of treatment and evacuation. It consists of sorting patients according to type and seriousness of injury and the establishment of priority for treatment and evacuation.

TUMOR REGISTRY. Repository of data drawn from medical records on the incidence of cancer and the personal characteristics, treatment, and treatment outcomes of cancer patients.

GLOSSARY - U

UNAUTHORIZED ABSENTEE PATIENT. Patient who is either in an unauthorized absentee status, in the case of active duty, or the nonactive duty patient who has left without permission.

UNIFORM REPORTING. Reporting of financial and service data in conformance with prescribed standard definitions to permit comparisons among hospitals.

UNIFORMED SERVICE. Includes personnel serving in the Army, the Navy, the Marine Corps, the Air Force, the Coast Guard, the Commissioned Corps of the National Oceanic and Atmospheric Administration, and the Commissioned Corps of the Public Health Service.

UNIT. An organizational entity or functional division or facility of the hospital.

USEFUL LIFE OF DEPRECIABLE ASSETS. The normal operating or service life in terms of utility to the medical treatment facility.

UTILIZED HOURS. The total hours contributing to the completion of required work center functions. These may include work hours from assigned, detached, detailed, borrowed, contracted, or volunteer personnel.

GLOSSARY - V

VA/DOD SHARING. A program established by PL 97-174, enacted in May 1982, to ensure maximum use of DoD and VA facilities and services within the same geographic area.

VERY SERIOUSLY ILL (VSI). When illness is of such severity that life is imminently endangered.

VETERAN. A person who served on active duty in the Armed Forces and was discharged or released therefrom under conditions other than dishonorable.

VETERANS ADMINISTRATION (VA) BENEFICIARY. A person who is entitled to certain medical care in a VA hospital, or who may be provided healthcare in a military MTF at the expense of the Veterans Administration.

VETERANS BENEFITS. Those medical benefits authorized under 38 U.S.C Chapter 17, available to military veterans who have a service-connected illness or injury through programs administered by the VA.

VISIT. Healthcare procedure or procedures characterized by the professional examination and/or evaluation of a patient and the delivery or prescription of a care regimen or regimens. For specific guidance on counting and reporting procedures for all categories of visits, see DoD 6010.13-M, Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities (MEPRS). For billing purposes, visits may encompass multiple professional encounters and examinations delivered in series on the same day, or follow-up care for the same problem or problems on subsequent days.

GLOSSARY - W

WARD. Hospital room designed and equipped to house more than four inpatients.

WORK. The activity of a body or mind which can be measured against standards in time, quantity, quality, or outcome product.

WORK AREA. The functional field or physical location in which work is accomplished.

WORK CENTER. A discrete function or subdivision of an organization for which provision is made to accumulate and measure its expense and determine its workload performance. The minimum work centers for a military medical treatment facility are established by DoD 6010.13-M, Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities (MEPRS).

WORK CENTER DESCRIPTION (WCD). A format that shows work center responsibilities structured for easy measurement of work categories, tasks, and subtasks.

WORKDAY. A day on which full-time work is performed.

WORKLOAD. An expression of the amount of work, identified by the number of work units or volume of a workload factor, that a work center has on hand at any given time or performs during a specified period of time.

WORKLOAD FACTOR. An index or unit of measure that is consistently expressive of, or relatable to, the manpower required to accomplish the quantitatively and qualitatively defined responsibilities for a work center. Also, an end product (or a combination of products) that represents the work done in the work center. It may be either something physically produced in the work center (referred to as a production-type workload factor) or something that is external to, but served by, the work center (referred to as a work generator-type workload factor).

WORKLOAD INDICATOR. A broad index sometimes used as a guide in establishing relationships between workload and manpower requirements.

WORKLOAD MANAGEMENT SYSTEM FOR NURSING. A factor evaluation patient classification system which classifies inpatients into one of six categories of acuity according to required nursing care. Hours of nursing care for each category are then translated into the appropriate number and mix of personnel needed to provide care for the patient workload. This system has both a direct and indirect care component. Users have the option to use either the manual or automated version.

WORK MEASUREMENT. A technique for the collection of data on man-hours and production by work units, so that the relationship between work performed and man-hours expended can be calculated and used as the basis for manpower planning, scheduling, production, budget justification, performance evaluation, and cost control.

WORK UNIT. The basic identification of work accomplished or services performed. Work units should be easy to identify, convenient for obtaining productive count, and usable for scheduling, planning, and costing.

WOUNDED IN ACTION (WIA). Battle casualties, other than the individuals "killed in action", who have incurred a traumatism or injury due to external agent or cause. Encompasses all kinds of wounds and other injuries incurred in action, whether there is a piercing of the body, as in a penetrating or perforating wound, or none, as in a contused wound; all fractures; burns; blast concussions; all effects of gases and like chemical warfare agents; and the effect of exposure to radioactive substances. Civilian battle casualties are not classified as WIA.

GLOSSARY - X

no entries

GLOSSARY - Y

no entries

GLOSSARY - Z

no entries